



Resident Student Immunization Record

NOT CONFIDENTIAL

*Immunization records are not confidential
as required by law*

Name: _____			Male <input type="checkbox"/>	Female <input type="checkbox"/>
<i>Last</i>	<i>First</i>	<i>Middle</i>		
Student ID: _____		Date of Birth: _____		
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TO BE COMPLETED AND SIGNED BY A HEALTH CARE PROVIDER, GIVE MONTH, DAY & YEAR

If convenient, you may attach an official copy of your immunization records, which must include all previous/recent shots

1. REQUIRED IMMUNIZATIONS (Laboratory Report must be submitted for any blood titers)				
MMR	#1 _____	#2 _____	OR	Titers
	Note: Measles has to be live, after 1 st Birthday			
Measles	#1 _____	#2 _____	Date _____	Immune <input type="checkbox"/> Non-immune <input type="checkbox"/>
Mumps	#1 _____	#2 _____	Date _____	Immune <input type="checkbox"/> Non-immune <input type="checkbox"/>
Rubella	#1 _____	#2 _____	Date _____	Immune <input type="checkbox"/> Non-immune <input type="checkbox"/>
Varicella (Chicken Pox) Disease _____			OR	Titers
OR Vaccine #1 _____	#2 _____		Date _____	Immune <input type="checkbox"/> Non-immune <input type="checkbox"/>
Hepatitis B #1 _____			OR	Titers
	#2 _____	#3 _____	Date _____	Immune <input type="checkbox"/> Non-immune <input type="checkbox"/>
Meningococcal Containing Vaccine: Date _____ <i>(Required for ALL Resident Students)</i>				
Adult Tdap: Date _____				

2. TUBERCULOSIS TEST (Must be within the 6 months prior to the start date of student's first semester)
Mantoux/PPD Test
Date Given _____ Date Read _____ Result: Negative <input type="checkbox"/> Positive <input type="checkbox"/> Size _____ mm (<i>induration</i>)
OR
QuantIFERON-TB Gold or T-Spot Test
Date _____ Result _____ (MUST ATTACH LAB REPORT)
If TB Test is Positive, please complete the <u>Positive TB Test Checklist</u> (Chest X-ray Required)

Signature of Medical Provider: _____ Date: _____	License Number
Medical Provider: _____ Phone: () _____	OR
Address: _____	Official Stamp of Medical Provider

**Remember! Proof of Immunity is required prior to registration.
You will be put on medical hold unless you meet all entrance requirements**

